Documentation of Good Faith Efforts

- All AHCCCS system programming changes to support NPI implementation, with the exception of those related to the 835 transaction were completed and promoted in October of 2006. Since that time AHCCCS has been operating in an optional use period allowing providers to submit their Legacy Id numbers or NPI numbers known to the AHCCCS system.
- Copy of the project plan available upon request.
- Weekly reports are run to track and document the number of NPIs on the system vs. the total number of NPI's identified as needed. To date these reports demonstrate the lack of NPI "sharing" by AHCCCS providers.
- AHCCCS provider outreach efforts to date have included documentation via the AHCCCS website, monthly provider newsletters, and 1/1 meetings with FFS providers.
- Managed Care Plans have also conducted extensive provider outreach efforts as outlined in individual NPI Contingency Plans.
- AHCCCS has supported and encouraged Trading Partner NPI testing since August of 2006 and is supporting this on an ongoing basis. A copy of current AHCCCS NPI Testing Guidelines is available on the AHCCCS Website. To date testing has been limited due to the noted incomplete NPI data in our Provider system as well as lack of availability, or refusal by, trading partners to test transactions.
- A list of currently identified challenges and/or areas of concern including but not limited to the following: many NPI's to one AHCCCS Id; one NPI to multiple AHCCCS Ids; billing providers, who are also service providers; ongoing support and recognition of "secondary" NPI information not "accessible" to Billing Providers; Review of Validator editing for NPI information; etc is being maintained and actively addressed.
- NPI information, as captured in PMMIS, is shared with all Managed Care Organizations on a weekly basis for comparison to their internal Provider systems.
- NPI's were required as applicable for all New AHCCCS Provider Registrations effective March 1, 2007.

Proposed additional provider outreach/testing efforts during the Contingency Period

- AHCCCS plans the implementation of Encounter NPI related editing as "soft" as soon as possible, and the development of tracking reports to communicate results to trading partners.
- AHCCCS plans the implementation of Claims NPI related editing during the Contingency period to only take the action of notifying providers via a remittance message when an NPI edit condition is triggered.
- AHCCCS will perform targeted outreach to the top 500 providers by program and will ask that Managed Care Plans participate in this effort, with a goal of 100% of the required NPI's on file for these providers as required.

- AHCCCS will schedule and conduct a series of "Dial-in" question and answer conference call sessions. Topics of discussion to include – Review of AHCCCS Contingency Plan, How to communicate NPI information to AHCCCS, Health Plan contacts, etc...
- AHCCCS will continue to evaluate current options available for providers to communicate NPI related information with an option to expand for the inclusion of the Provider Affiliation File, Certifications from Health Plans and Claims Submissions.
- AHCCCS will continue to evaluate current options available for providers to validate NPI related information in PMMIS.
- AHCCCS will continue and expand upon its partnership with Managed Care Plans on outreach efforts.
- AHCCCS will evaluate the feasibility of web or email related NPI submission options.
- AHCCCS will identify and utilize existing industry communications options.
- AHCCCS will require, obtain and track key Trading Partner Contingency Plans including those of its Managed Care Organizations.
- AHCCCS will continue to outline, resolve and document system challenges and/or areas of concern.
- AHCCCS will conduct and document ongoing monitoring of progress related to noted provider outreach/testing efforts.
- Upon request AHCCCS will submit a copy of its NPI Contingency Documentation to CMS.
- Resources and Roles:

Resource Name	Role
Marc Leib, MD	Executive Sponsor
Valerie Noor, David Mollenhauer,	NPI Project Sub-Workgroup
Mary Kay McDaniel, Rodd Mas, Lori	
Petre	
Dan Lippert	ISD Applications
Tom Betlach, Kate Aurelius, Shelli	Project Steering Committee
Silver, Jim Cockerham, Linda Martin,	
Jim Wang	

 Please direct any questions to the AHCCCS HIPAA Workgroup <u>ahcccshipaaworkgroup@azahcccs.gov</u>

AHCCCS NPI Contingency:

- 837 Claims Transactions
 - Primary (rendering/service) providers SHOULD use an NPI (if required for their provider type), but AHCCCS will accept submission of both the NPI and/or other legacy identifiers until 1/1/2008.
 - Secondary providers if present (referring, attending, operating) (if required or submitted) SHOULD use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until 3/1/2008.

837 Encounter Transactions

- Primary (rendering/service) providers SHOULD use an NPI (if required for their provider type), but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until <u>1/1/2008</u>. Editing will be soft until the second Encounter cycle for February.
- Secondary providers if present (referring, attending, operating) (if required or submitted) SHOULD use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until 3/1/2008. Editing will be soft unitl the second Encounter cycle of February.

NCPDP Claims Transactions

- Primary (rendering/service) providers SHOULD use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until 1/1/2008.
- Secondary providers (prescribing providers) SHOULD use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until 3/1/2008.

NCPDP Encounter Transactions

- Primary (rendering/service) providers SHOULD use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until 1/1/2008.
- Secondary providers (prescribing providers) SHOULD use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until 3/1/2008.

o 270/271 Transactions

- Providers SHOULD use an NPI (if required for their provider type), but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers until 1/1/2008.
- On-Line Web Based Transactions, claim status lookup
 - Providers SHOULD use an NPI (if required for their provider type), but AHCCCS will accept both the NPI and/or other legacy identifiers until 1/1/2008.

Prior Authorization

Providers SHOULD use an NPI (if required for their provider type), but AHCCCS will accept both the NPI and/or other legacy identifiers until 1/1/2008.

Provider Affiliation File

- Health Plans SHOULD submit with an NPI (if required for the provider type), but AHCCS will accept both the NPI and/or other legacy identifiers until 1/1/2008.
- Provider Type Indicators (RF636)
 - Provider records SHOULD contain valid NPI information (if required for the provider type), but AHCCCS will not enforce the effective date of these requirements by Provider Type until 1/1/2008.

Validator

- Health Plans SHOULD submit with an NPI (if required for the provider type), but AHCCCS will accept both the NPI and/or other legacy identifiers on an ongoing basis due to the need to support claims and encounters for Atypical Providers.
- o Provider Registration Records
 - Provider records SHOULD contain valid NPI information (if required for the provider type), but AHCCCS will not suspend any Provider records for lack of an NPI until <u>5/23/2008</u>.

Timeline:

- Completion and Submission of Health Plan/Program Contractor Contingency Plans No later than 6/1/2007
- Initiation of all Trading Partner Testing No later than 7/1/2007
- Health Plan/Program Contractor System Readiness No later than 10/1/2007
- Required Compliance Date for Primary (Rendering/Service) Providers 1/1/2008
- Required Compliance Date for Secondary Providers (Prescribing, Attending, Referring and Operating) – 3/1/2008

Managed Care Organization Contingency Document to Include (*due no later than 6/1/2007*):

- Documentation of Good Faith Efforts
 - Indicate level of readiness to complete hard cutover to the NPI for health care covered entities
 - Include copy of the project plan
 - Document the number of NPIs on the system vs. the total number of NPI's identified as needed.
 - List the provider outreach efforts to date
 - Include copy of current NPI Trading Partner Testing Guidelines/Status
 - List currently identified challenges and/or areas of concern
- Provide Key Resource Names and Project Roles
- Outline proposed additional provider outreach/testing efforts (See AHCCCS Plan for Examples)
 - O XXX
 - O XXX
 - o XXX
- Outline proposed Contingency Scope and Related Timeline (If proposed to deviate from AHCCCS specified timelines, please provide detailed explanation)
- Submit to AHCCCS (Initially by 6/1/2007and on an ongoing basis by the 15th of each month beginning July 2007).